Name in Full

Thomas R. Abrams

Certificate of Death

Died at Town North East County Cecil MARYLAND

Date 1899 Month Jan Day 13 Age Y. 65 M. D. Native of Cecil Co Occupation Lower

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 1

Husband of Wife

Father's Name William Abrams Mother's Name

Cause of Death Primary 66 How long sick 2 years

Immediate 2 years ~~Accident, Suicide, Homicide~~

Reported by B Hunter Cooper

Address North East

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

William Aiken

Died at Town Harwick County Cecil MARYLAND

Date 189 Month Jany Day 25 | Age Y. 69 M. 7 D. 19 | Native of Penna | Occupation Mason

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widowed~~ ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

Husband of
Wife

Father's Name William Aiken

Mother's Name Elizabeth

Cause of Death — Primary Strangulated Hernia — How long sick 10 days

Immediate Peritonitis 86 — Accident, Suicide, Homicide

Reported by J. F. Haught M.D.

Address Harwick, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Harry Alderson

Certificate of Death

Died at Town near Ceciltow County Cecil MARYLAND

Date 189 9 Month 1 Day 15 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Wm. H. Alderson Mother's Name

Cause of Death: Primary Pulmonary trouble | How long sick

Immediate 77 | Accident, Suicide, Homicide

Reported by Cecil Co. News 1-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full John Dr. Anderson

Certificate of Death

Died at Town Fair Hill County Cecil MARYLAND

Date 1899 Month Jan Day 18 Age Y. 35 M. D. Native of Md Occupation Farmer

Male / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ ~~Widow~~ / ~~Widower~~ Divorced

Number of children living 4

Husband of Wife Tillie Morrison

Father's Name Anderson Mother's Name Ewing

Cause of Death: Primary Tetanus 50 How long sick 8 days

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J S Whitaker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65088

Name in Full

Certificate of Death

William Anderson

Died at Town Elkton County Cecil Co., MARYLAND

Date 1899 Month 1 Day 5 Age Y. 6 M. 5 D. Native of Elkton Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Jos. Woods Mother's Name Margaret Anderson

Cause of Death Primary 71 How long sick 6 mks

Immediate Catarrhal Pneumonia ~~Accident, Suicide, Homicide~~

Reported by H. P. Hinchliffe, M.D.,

Address Elkton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Sarah Byard Bayard

Certificate of Death

Died at Town Alms House County Cecil MARYLAND

Date 1899 Month Jan Day 25 | Age Y. 77 M. D. | Native of American | Occupation Pauper

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Sidney Bayard 152a

Father's Name Unknown Mother's Name Unknown

Cause of Death: ~~Primary~~ Fell from 2nd story window at almshouse & killed — ~~How long sick~~

Immediate

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Wm P. Dean Coroner

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

James H. Benson

Died at Town Johntown County Cecil MARYLAND

Date 189 9 Month 1 Day 13 Age Y. 63 M. 10 D. 16 Native of Cecil Co Occupation Constable

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3.

Husband ~~Wife~~ of Sarah E. Benson

Father's Name James H. Benson Mother's Name Louisa S. Saulnier

Cause of Death Primary Aortic insufficiency for Immediate Apoplexy

How long sick 2 years 5 days ~~Accident, Suicide, Homicide~~

Reported by J. H. Hardcastle 57

Address Cecilton Cecil Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Nancy Buddy

Died at Town: Rowlandsville County: Cecil MARYLAND

Date 1899 Month: Jan Day: 31 | Age Y. 85 M. D. | Native of | Occupation: House keeper

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of James Buddy

Father's Name | Mother's Name

Cause of Death: Primary Lagriffe or Pneumonia | How long sick 2 weeks

Immediate 9 | ~~Accident, Suicide, Homicide~~

Reported by Slater B Tosh Undertaker

Address Colora Md had no Doctor

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

had No Doctor

Name in Full

Certificate of Death

Elizabeth A. Bratton

Town

County

Died at Elkton Cecil MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
9	Jan	23	42			Md	Housekeeper

~~Male~~ Femele | White Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 4

~~Husband~~ Wife of Daniel Bratton Jr

Fether's Name Samuel A. Mitchell

Mother's Name Elizabeth Yates

Cause of Death: Primary — Cancer of Liver 2yr

Immediate — Exhaustion

How long sick: About 10 mos

Accident, Suicide, Homicide

Reported by Howard Bratton MD

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Edith Mattack Brown

Certificate of Death

Died at: Town: Lombard County: Cecil MARYLAND

Date 1892 Month: Jan Day: 5th Age: Y. 66. M. 5 D. Native of: Phila Occupation: Housewife

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widowed~~ Number of children living 3

Husband of Wife: Ellis Brown

Father's Name: Adam Hooper Mother's Name: Could not get it

Cause of Death: Primary: Heart disease How long sick: 8 yrs

Immediate: Grippe 9 Accident, Suicide, Homicide

Reported by: D. Gifford

Address: Zion Cecil Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Ellis Brown

Died at Town near Lombard County Cecil MARYLAND

Date 189 9 Month / Day / | Age 58 Y. M. D. | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 8

Husband of
Wife

Father's Name | Mother's Name

Cause of Death — Primary: Consumption 2 2 a | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Ellis 1-14

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Rebecca Brown

Certificate of Death

Died at Town Lombard County Cecil MARYLAND

Date 189 9 Month 1 Day 25 Age Y. 80 M. D. Native of Md Occupation Seamstress

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 220

Cause of Death: Primary Asthma & Consumption — How long sick Asthma all her life

Immediate Consumption — Accident, Suicide, Homicide

Reported by Dr. S. Richardson M.D.

Address Colora Cecil Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mrs. Ann. Brown

Certificate of Death

Town

Died at near Calvert County Cecil MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1899 1 | Age 68 | |

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Ann. Brown

Father's Name | Mother's Name

Cause of Death — Primary: La Grippe 9 | How long sick

Immediate: / | Accident, Suicide, Homicide

Reported by Cecil Co. Dept 1-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name in Full

Certificate of Death

Wm. P. Brown

Died at near Town Calvert County Cecil MARYLAND

Date 1899	Month 1	Day 12	Age Y. 72	M.	D.	Native of	Occupation

Male ~~Female~~ White Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name

Mother's Name

Causa of Death — Primary: Pneumonia 7 2 — How long sick

Immediate — Accident, Suicide, Homicida

Reported by Cecil Dr Hig

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name In Full

Certificate of Death

Saml. Lloyd Chamberlain

Died at Town of Brooklyn near Perryville County Cecil MARYLAND

Date 1899	Month 1	Day 27	Age Y. 76 M. D.	Native of	Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Dem. 2-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70948

Name In Full Helen Charsha

Certificate of Death

Died at Town Perryville County Cecil MARYLAND

Date 189 9 Month 1 Day 6 | Age Y. 8 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary La Grippe 9 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Co. News 1-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79[illegible]8

St. Mark's Cemetery.

Name in Full

Certificate of Death

Rebecca Clendenin

Died at Town: Wood Lawn County: Cecil State: MARYLAND

Date 189 0 | Month: Jan 10 | Age: Y. 94 M. 0 D. 0 | Native of: Cecil Co | Occupation:

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of / Wife of: Daniel Clendenin

Father's Name: Thos. Horton

Mother's Name: Tacy Horton

Cause of Death — Primary: Old age 141 — How long sick: ten days

Immediate

Accident, Suicide, Homicide

Reported by: Isaac R. Taylor Undertaker

Address: Rising Sun Cecil Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Helen Culleney

Certificate of Death

Died at Town Elkton County Cecil MARYLAND

Date 1899 Month 1 Day 31 Age Y. 17 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name Mary

Cause of Death Primary Typhoid fever 1 How long sick

Immediate Accident, Suicide, Homicide

Reported by Cecil Whig 2-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Mary A. Curry

Died at Town Barksdale County Cecil MARYLAND

Date 1899 Month 1 Day 3 | Age Y. 76 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife of Ann Curry

Father's Name Jas. Steeks | Mother's Name

Cause of Death: Primary 161 | How long sick

Immadiate | Accident, Suicide, Homicide

Reported by Cecil Atkins 1-7

Address

Must be signed by physician, if any in attendance, otharwise by coroner, undertakar or ministar.

LIBRARY BUREAU, 79898

Buried at Union.

Name in Full Lillian Deamon

Certificate of Death

Died at Town Blue Ball County Cecil MARYLAND

Date 1899 Month 1 Day 26 Age Y. 8 M. 10 D. — Native of Md ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife 86

Father's Name George Deamon Mother's Name Emma Deamon

Cause of Death Primary Croupous Laryngitis How long sick 3 days

Immediate Croupous Laryngitis ~~Accident, Suicide, Homicide~~

Reported by D. H. Richardson Md

Address Colvert Cecil Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Melvina Downes

Certificate of Death

Died at Town Chesapeake City County Cecil MARYLAND

Date 189 Month 1 Day 26 Age Y. 7 M. 8 D. 13 Native of Maryland Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife X

Father's Name Clayton L Downes

Mother's Name Emma Downes

Cause of Death Primary Influenza

Immediate Membranous Croup

~~How~~ long sick ~~One~~ Two Weeks

Accident, Suicide, Homicide

Reported by W C Kuesner MD

Address Chesapeake City MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name in Full

Certificate of Death

Amos S. Evans

Died at Town: Rising Sun County: Cecil county MARYLAND

Date 189 5 Month: Jan. Day: 5-th

Age Y. 48 M. - D. -

Native of Cecil Co Occupation Farmer

Male / ~~Female~~

White / ~~Colored~~

Married / ~~Single~~ / ~~Widow~~ / Widower / ~~Divorced~~

Number of children living 3

Husband / Wife of Agnes J. Evans

Father's Name John P. Evans

Mother's Name Rebecca Evans

Cause of Death: Primary - Bright's disease 97

How long sick 2 years or more

Immediate

Accident, Suicide, Homicide

Reported by Isaac R Taylor Undertaker

Address Rising Sun Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65[illegible]

Name in Full Gustin Foster

Certificate of Death

Died at Town Elkton County Cecil MARYLAND

Date 1899 Month 1st Day 2 | Age Y. 76 M. D. | Native of American | Occupation Fisherman

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children~~ living

Husband / Wife of Mary Foster

Father's Name unknown

Mother's Name unknown

Cause of Death: Primary Pneumonia with alcoholism — How long sick 7 days

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by J H Lemmon

Address C Elkton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Frazer

Certificate of Death

Died at — Town: Elkton — County: Cecil — MARYLAND

Date 1899 — Month: Jan. — Day: 19 — Age: Y. — M. — D. 2 — Native of: Md — Occupation: ——

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children~~ living

Husband / Wife of

Father's Name: J. Frank Frazer — Mother's Name: Eva Craig Scott

Cause of Death — Primary: Premature 7 mos 13 Th — How long sick: 2 days

Immediate: Malnutrition — ~~Accident, Suicide, Homicide~~

Reported by: Howard Bratton Md

Address: Elkton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full | Certificate of Death

William Gilkie

Died at Town: Chesapeake City | County: Cecil | MARYLAND

Date 1899 Month: Jany Day: 16 | Age Y. 79 M. 7 D. 13 | Native of: Delaware | Occupation: Waterman

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living 3.

Husband of Wife: Abbey M. Gilkey (Nee Hendrickson)

Father's Name: James Gilkey | Mother's Name: Hilliard

Cause of Death: Primary: Senile Decay | How long sick: 2 or 3 yrs

Immediate: La Grippe 9 | Accident, Suicide, Homicide

Reported by: Dr J. T. Wallace

Address: Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full David Harris

Certificate of Death

Died at Town Mechanics Valley County Cecil MARYLAND

Date 189 9 Month 1-31 Day | Age Y. 43 M. D. | Native of | Occupation Farmer

~~Male~~ ~~Female~~ | White Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Consumption 2 2a — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Dem. 2-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Buried at Union.

Name In Full Benjamin B. Lloyd

Certificate of Death

Died at Town Elkton County Cecil MARYLAND

Date 189 9 Month 1 Day 22 Age Y. M. D.

Netive of

Occupetion

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of
Wife

Fether's Neme

Mother's Name

Cause of Death — Primary 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Cecil Co. Hosp

Address [redacted] 1-25-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989B

Rev. J. H. Grinage

Name in Full — Certificate of Death

Sarah E. Hewett

Died at — Town: Elkton — County: Cecil — MARYLAND

Date 189? — Month: Jan. — Day: 1 — Age: Y. 36 M. D. — Native of: Md. — Occupation: Housekeeper

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 6

Husband / Wife of George S. Hewett

Father's Name: James A. Chandler — Mother's Name: Louisa Chambers

Cause of Death — Primary: Disease of Heart 5? — How long sick: 8 months

Immediate: Anaemia and dropsy — Accident, Suicide, Homicide

Reported by W. B. Hart

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Buried at Fauches Chapel

Name in Full Philip Hopkins

Certificate of Death

Died at Town Port Deposit County Cecil MARYLAND

Date 1899 Month June Day 10 | Age Y. 81 M. 5 D. 23 | Native of Harford Co | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 0

Husband ~~Wife~~ of Sarah Hopkins

Father's Name Ephriam G. | Mother's Name Nancy

Cause of Death: Primary Paralysis (Cerebral Hemorrhage) How long sick 4 weeks

Immediate Dropsy attack 5 42 ~~Accident, Suicide, Homicide~~

Reported by Dr. G. Feiser

Address Port Deposit, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full | Certificate of Deeth

Nancy Jones

Died at Town North East County Cecil MARYLAND

Date 1899 Month Jan Day 13 | Age Y. 86 M. D. | Native of Cecil Co | Occupation Housework

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of James Jones

Father's Name Wm McDowell Mother's Name

Cause of Death Primary General debility 141 How long sick Six weeks

Immediate ~~Accident, Suicide, Homicide~~

Reported by B Hunnewyer

Address North East

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65268

Name in Full | Certificate of Death

Sterling Winfield Jourdan

Died at Town: Ches: City | County: Cecil | MARYLAND

Date 1899 Month: Jany Day: 15 | Age Y. M. D.: 8 | Native of: Md | Occupation: Infant

Male | ~~White~~ | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | Colored | ~~Single~~ | ~~Widower~~ | ~~Number of children living~~

Husband / Wife of

Father's Name: Wm Jourdan | Mother's Name: Emma Jourdan

Cause of Death — Primary: Result of a fall — | How long sick: One week

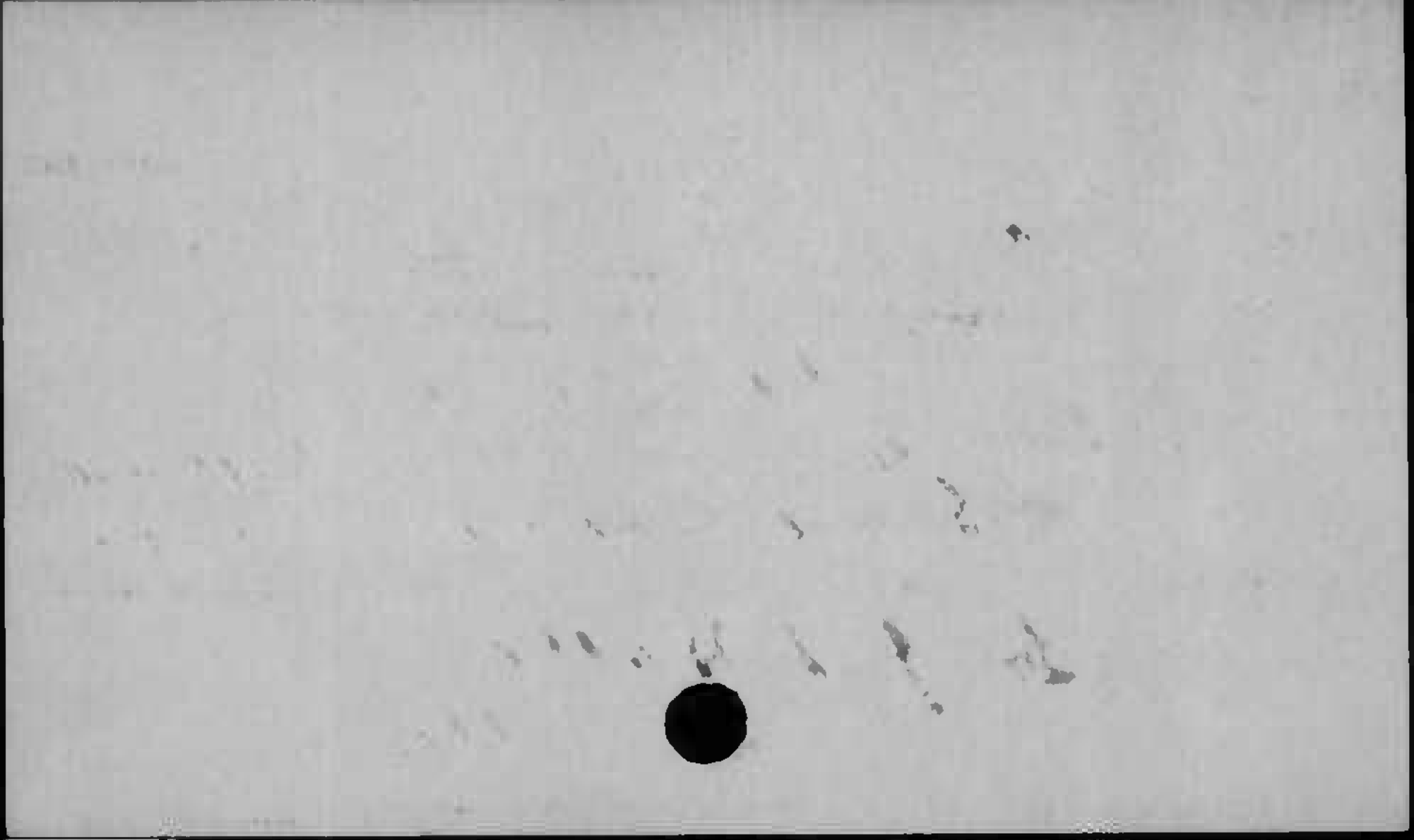
Immediate: convulsions — 49 | ~~Accident, Suicide, Homicide~~

Reported by: Dr J B Wallace

Address: Ches: City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65960



Name in Full ~~John Healey~~ James A. Healey

Certificate of Death

Died at Town near Elkton County Cecil MARYLAND

Date 189 9 Month Jan Day 22 | Age Y. 75 M. ? D. | Native of Ireland | Occupation Laborer

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single / Widow / Widower / Divorced | Number of children living unknown

Husband of

Wife

Father's Name unknown

Mother's Name unknown

Cause of Death — Primary: Extensive Burn of Back Chest and Lumbar region

Immediate: Extreme Exhaustion

How long sick 10 days —

Accident, ~~Suicide, Homicide~~

Reported by H. Truman

Address Elkton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Clinton E. Lockland

Certificate of Death

Died at Town Principio County Cecil MARYLAND

Data 1894 Month 1 Day 16 | Age Y. 33 M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 1

Husband of Wife

Father's Nama John Lockland | Mothar's Nama

Cause of Death: Primary Pneumonia 72 | How long sick

Immediata | Accident, Suicida, Homicide

Reported by Cecil Democrat

Address [redacted] 1-21

Must be signed by physician, if any in attendance, otherwise by coronar, undertaker or minister.

LIBRARY BUREAU, 7988B

Ebenezer Cemetery
Rev. M. Novobrad, Zion

Name in Full Emil H. Lennitz — Certificate of Death

Died at Town: near Elkton — County: Cecil — MARYLAND

Date 1899 Month: Jany Day: 1 — Age Y. 7 M. 16 D. — Native of Md — Occupation Infant

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name John Lennitz — Mother's Name Mary M. Steginmeyer

Cause of Death — Primary: Artificial diet (Marasmus) — How long sick: All his life

Immediate: Marasmus — 140 — Accident, Suicide, Homicide

Reported by Charles M Sills

Address Elkton Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full Catharine Longer

Certificate of Death

Died at near Earlville Town County Cecil MARYLAND

Date 1899 Month 1 Day 1 Age Y. 51 M. D. Native of Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband~~ Wife of James Longer

Father's Name Perry Wilson Mother's Name Maria Young

Cause of Death Primary Arteriosclerosis How long sick 6 hours

Immediate Apoplexy 42 ~~Accident, Suicide, Homicide~~

Reported by J. H. Hardcastle

Address Cecilton Cecil Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968

Name in Full Samuel Jas Mearns

Certificate of Death

Died at Town Zion County Lucie MARYLAND

Date 1899 Month Jan Day 17 Age Y. 64 M. 3 D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced Number of children living 2

Husband ~~Wife~~ of Emma Fulton

Father's Name Samuel Mearns Mother's Name Sarah Mcleary

Cause of Death Primary Dilitation of Stomach How long sick 25 yrs

~~Immediate~~ P 81 Accident, Suicide, Homicide

Reported by Dr Gifford

Address Zion Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full: James Merrey — (Merrey)

Certificate of Death

Died at: Town: Elkton, County: Cecil, MARYLAND

Date 189 9 Month: Jany Day: 23 | Age Y. 77 M. D. | Native of: Penna | Occupation: Retired farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living: 3

Husband / Wife of: Araminta R. Rutter

Father's Name: James Merrey | Mother's Name: Hannah Talbot

Cause of Death: Primary: Multiple Thrombosis | How long sick: 5 weeks

Immediate: Mortification of right leg etc. | Accident, Suicide, Homicide

Reported by: Charles M Ellis 62

Address: Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: J. G. Messick

Certificate of Death

Died at: Town: Elkton — County: Cecil — MARYLAND

Date 1899: Month: Jany — Day: 22 — Age: Y. 69. M. D. — Native of: Maryland — Occupation: Salesman

Mala — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband of Wife

Father's Name: Jas. G. Messick

Mother's Name: 9

Cause of Death:
- Primary: Arterio-Sclerosis — Grip —
- Immediate: Suffocative Bronchitis

How long sick: 1 week

Accident, Suicide, Homicide

Reported by: Charles M Elley

Address: Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mary M. Miller

Died at Town: Barksdale County: Cecil MARYLAND

Date 1899 Month: Jan Day: 4 | Age Y. M. D.: 39. | Native of: Maryland | Occupation: Farmer

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Harry D. Miller | Mother's Name: Francis Miller

Cause of Death: Primary: No Physician: 72 | How long sick: 10 days

Immediate: (Pneumonia H Boston H.O.) | Accident, Suicide, Homicide

Reported by: W. B. Hart Undertaker

Address: Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full: Mary R Moore

Certificate of Death

Died at: Town: Leeds County: Lucie MARYLAND

Date 1899 Month: Jan Day: 28 Age: Y. 1 M. D. 13 Native of: Md Occupation: Infant

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Theadore Moore

Mother's Name: Annie M McDowell

Cause of Death: Primary: Suffocative Catarrh — How long sick: 12 hours

Immediate: " " — Accident, Suicide, Homicide

Reported by: Dr Gifford 77

Address: Zion Lucie Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Ginie Moore

Certificate of Death

Died at Town Cecilton County Cecil MARYLAND

Date 189 9 Month 1 Day 18 | Age Y. 11 M. 5 D. 13 | Native of Cecil Co | Occupation —

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Husband ~~of~~ Wife

Father's Name Chas. H. Moore

Mother's Name Sad Brown

Cause of Death: Primary Typho-Malarial Fever — How long sick 2 Wks

Immediate Malnutrition

~~Accident, Suicide, Homicide~~

Reported by J. H. Hardcastle M. D.

Address Cecilton Cecil Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Master. Curtis B. Rea

Certificate of Death

Died at Town Pilot County Cecil MARYLAND

Date 1899 Month Jan. Day 14th | Age Y. 6 M. 3 D. — | Native of — | Occupation —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of ~~children living~~ 72

Husband / Wife of

Father's Name Edwin W. Rea

Mother's Name Mary Eliza Rea

Cause of Death — Primary "Double Lobar Pneumonia" How long sick 12 days

Immediate Cardiac Failure ~~Accident, Suicide, Homicide~~

Reported by E. S. Rowland

Address Liberty Grove, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66868

Name In Full

Certificate of Death

Hannah Reynolds.

Died at Town Colora County Cecil MARYLAND

Date 189 9 Month / Day 21 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Democrat 1-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full Stephen Saulsbery

Certificate of Death

Died ~~at~~ ~~Town~~ on Bohemia manor County Cil MARYLAND

Date 1894 Month Jan Day 1 Age Y. 80 M. D. Native ~~of~~ Occupation Labour

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living dont n

Husband of Wife

Father's Name dont no

Mother's Name dont no

Cause of Death Primary Complication

Immediate 161

How long sick dont no

~~Accident, Suicide, Homicide~~

Reported by Wm B Coleman

Address Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full R. J. John Simpers

Certificate of Death

Died at Town Elkton County Cecil MARYLAND

Date 189 Month Jan Day 2 | Age Y. 70. M. D. | Native of Maryland Baltimore | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~

Husband / Wife of Lydia A. Simpers

Father's Name Nat Brown Mother's Name 72

Cause of Death: Primary Pneumonia — How long sick

Immediate Exhaustion from Pneumonia abscess

Accident, Suicide, Homicide

Reported by W. B. Hart Undertaker

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name in Full

Certificate of Death

James Smith

Died at Town Pleasant Hill County Lucie MARYLAND

Date 1899 Month Jan Day 5 Age Y. 82 M. D. Native of Lucie Co Occupation Fox Hunter

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 6

Husband / Wife of Sarah Smith

Father's Name James Smith Mother's Name May Williams

Cause of Death Primary Paralysis 9 How long sick 3 days

Immediate Grippe Accident, Suicide, Homicide

Reported by Dr Gifford

Address Zion and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full Mrs. John Smith

Certificate of Death

Died at Town near Oakwood County Cecil. MARYLAND

Date 189 9 Month / Day 2 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ | Widow Widower | Divorced Number of children living

~~Husband~~ ~~Wife~~ of John Smith

Father's Name | Mother's Name

Cause of Death: Primary Dropsy 15-5-9 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Athig 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Bethesda Church.

Name in Full

R. Rebecca Smith –

Certificate of Death

Died at Elkton (Town) Cecil (County) MARYLAND

Date 1899 Month: Jan Day: 24 | Age Y. 38 M. – D. – | Native of Elkton Md | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 6

~~Husband~~ Wife of John W. Smith –

Father's Name Peter Milburn

Mother's Name Rebecca –

Cause of Death: Primary Parenchymatous Nephritis – 97

Immediate Oedema Lungs –

How long sick 4 mos

Accident, ~~Suicide, Homicide~~

Reported by Howard Bratton MD

Address Elkton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

Name in Full

Certificate of Death

Andrew Stanley

Died at Town 3rd Dist County Cecil MARYLAND

Date 1899 Month Jan Day 31 Age Y. 80 M. D. Native of New Jersey Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 7

Husband / Wife of Unknown

Father's Name Unknown Mother's Name Unknown

Cause of Death: Primary Pneumonia 72 How long sick 6 days

Immediate Heart Failure ~~Accident, Suicide, Homicide~~

Reported by Howard Bratton Md

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Stillwell — Certificate of Death

Died at Town Bacon Hill County Cecil MARYLAND

Date 1899 Month 1 Day 7 | Age Y. 77 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 1

Husband of
Wife

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immadiata | Accident, Suicida, Homicida

Reported by Cecil Atlig 1-14

Address [redacted]

Must be signed by physician, if any in attendance, otherwisa by coroner, undertaker or ministar.

LIBRARY BUREAU, 79888

Name in Full Heath Watts

Certificate of Death

Died at Town Oakwood County Cecil MARYLAND

Date 1899 Month 1 Day 18 Age Y. 33 M. 9 D. Native of Occupation Wheelright

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Single ~~Widower~~ Number of children living

~~Husband~~ of Wife

Father's Name W. H. Heath Watts Mother's Name Mary Watts

Cause of Death Primary Typhoid Fever How long sick 4 wks

Immediate Hemorrhage of Bowel ~~Accident, Suicide, Homicide~~

Reported by D. M. Rogan M.D.

Address Conowingo Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Martha H. Mrs. Milton White

Certificate of Death

Died at Town Calvert County Cecil MARYLAND

Date 189 9 Month 10 Day | Age Y. 66 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 9

~~Husband~~ Wife of Milton White

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Co. News 1-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7988

Rev. Wm. Fitz Simon of Ivico

Rosebank Cemetery

Name in Full

Rachel Wilson

Certificate of Death

Died at Town: Cecilton County: Cecil MARYLAND

Date 1899. Month: 1 Day: 12 | Age Y. 83 M. 0 D. — | Native of Cecilco. | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living none

~~Husband~~ Wife of Nathan Wilson (deceased)

Father's Name Perry Bracher | Mother's Name Unknown

Cause of Death: Primary Malnutrition 15-3 | How long sick 2 months

Immediate Inanition | ~~Accident, Suicide, Homicide~~

Reported by J. H. Hyndcastle

Address Cecilton Cecilco. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968

Name In Full Mrs. Wm. Wilson, Jr.

Certificate of Death

Died at Town Charlestown County Cecil MARYLAND

Date 1899 Month 1 Day 24 Age Y. 29 M. D. Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Wm. Wilson

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Star 1-26.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79P98

Oak Hill Cemetery.

Rev. J. L. Walsh, M.E. Church.

Name in Full Richard M. Jilouchai

Certificate of Death

Died at Town Port Deposit County Cecil MARYLAND

Date 1899 Month Jan Day 13 | Age Y. 5 M. 2 D. 4 7 | Native of Germany | Occupation Tailor

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Mary Gardner

Father's Name Dorit Knox

Mother's Name Dorit Knox

Cause of Death: Primary Mitral Regurgitation — How long sick about 1 year

Immediate Hammerbag 57 — ~~Accident, Suicide, Homicide~~

Reported by H. E. Chenoweth

Address Port Deposit Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968